

# Care UK Community Partnerships Ltd

## Deewater Grange

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Deewater Grange is a care home providing nursing and personal care. There were 27 people living at the service at the time of the inspection some of whom were older people living with dementia and other age-related conditions. The service provided 12 rehabilitation beds as part of an NHS hospital at home service. The service can support up to 54 people.

People's experience of using this service and what we found

Staff followed national guidance in relation to COVID-19, infection prevention and control and wore PPE appropriately. The service was clean and hygienic. The recruitment of staff was safe and there were enough staff on duty to meet people's needs. People received their medicines when they needed them from trained staff. Risks to people's health and safety had been assessed and mitigated and equipment had been serviced and maintained.

Accidents and incidents were recorded and reviewed in order to minimise the risk of reoccurrence. Local safeguarding protocols were followed, and stakeholders had been informed when incidents had occurred. People and their relatives felt the service was safe.

People had benefited from the purpose-built environment providing wide hallways and a range of homely lounges to spend their time in. Staff had completed training that the provider considered essential to their role and had the opportunity to discuss their training and development needs with their manager. People's relatives spoke highly of the staff team who they described as kind and caring. They told us they were kept informed of their loved one's wellbeing and felt their loved ones were well care for.

People were supported to eat a balanced diet that met their assessed dietary needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care and support was planned and kept under review to make sure the support they received continued to meet their personal needs and preferences. People had the opportunity to take part in a range of activities that were meaningful to them. People were offered the opportunity to give their views of the care they received and knew how to make a complaint.

A quality assurance system was in place, with regular audits being completed and actions taken to address any shortfalls identified. Staff felt well supported by the management team, who they felt were approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 23 January 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date the service was registered.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led.

# Deewater Grange

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Deewater Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave one hour notice of the inspection because we needed to ensure that we took into account any precautions in place due to the management of the COVID-19 pandemic.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We also requested feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records which included five people's care records and several medication records. A variety of records relating to the management of the service, including audits, health and safety checks and recruitment records. We spoke with six people, two people's relatives, the registered manager, area manager, deputy manager (who was also the clinical lead), a residential service manager, an assistant care manager, an administrator, a chef, an activities organiser, a senior carer, four carers, two visiting health care professionals and four domestic staff. We sat in on the morning team briefing, observed the administration of medicines and the service of the lunchtime meal.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection ;

- Systems were in place for the prevention and control of infection. Staff had received training in relation in how to use PPE and used it appropriately.
- Guidance relating to the isolation of people admitted to care homes and visiting care homes was followed. People, staff and visitors were tested and screened for COVID-19 in line with government guidelines. One relative told us when they visited, "Our relative isolated for 14 days when they moved in. The arrangements are very good. Today was the first time we visited in their room, but we've been able to speak to them over the phone and were offered Skype calls too."
- The service was clean. People and their relatives were happy with the standard of hygiene maintained.

Assessing risk, safety monitoring and management ;

- Risks to individual's health and safety had been assessed and kept under review. Where risks had been identified, steps had been taken to reduce them.
- Equipment and utilities were tested and serviced to ensure they continued to be safe to use. Regular fire safety checks were completed, and each person had personal emergency evacuation plan in place outlining the support they would need to evacuate the building.

Staffing and recruitment

- The recruitment of staff was safe. Identity and security checks were completed, before staff started work at the service.
- Sufficient numbers of safely recruited staff were deployed to meet the needs of people living in the service.
- Most people felt there were enough staff on duty, comments included "I would say there's enough staff. Everything seems to be running smoothly"!, and, "I can press the buzzer and it's not usually a problem. I've never had to wait a long time."

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. The registered manager had a good understanding of safeguarding and staff had completed training in this subject.
- Safeguarding referrals had been appropriately made to the local authority.
- People and their relatives felt the service was safe.

Using medicines safely

- People received their medicines when they needed them.

- Staff had access to guidance to inform them when 'as and when required' medicines could be administered. This included how to identify if people living with dementia required pain relieving medicines.
- Medicines were recorded and stored appropriately.

#### Learning lessons when things go wrong

- Accidents and incidents had been recorded and investigated appropriately.
- The registered manager monitored accidents for themes and trends and action had been taken to reduce the risk of reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who received training and support for their role. Newly recruited staff followed a structured induction programme and were assessed as competent before they worked unsupervised and staff had completed training essential to their role. One staff member told us, "I shadowed another member of staff for my first four shifts. I did some training; moving and handling and fire safety, before I worked on shift on my own."
- There was a system in place for staff to receive an annual appraisal of their performance and to meet with their manager to discuss their learning and development needs. One staff member told us, "I shadowed another member of staff for my first four shifts. I did some training; moving and handling and fire safety, before I worked on shift on my own."
- People and their relatives spoke positively about the staff who they felt were kind and caring. One person told us "I think the home is absolutely wonderful; they can't do enough for you. I've been really happy since I've come here. They are wonderful people here the staff are wonderful."

Adapting service, design, decoration to meet people's needs

- The service had been decorated to help aid the orientation for people living with dementia. Hallways were spacious and clutter free and there were a range of homely lounges people could spend time in when they chose.
- People benefitted from technology and equipment such as, specialist seating, specialist bathing facilities and pressure relieving mattresses, to deliver effective care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs had been assessed their dietary needs and preferences were met. People told us, and we saw, they enjoyed the food and could request an alternative if they did not like the food on offer.
- People received the support they needed to eat and drink. The nutritional intake of people at risk of malnutrition was monitored and people's weight was recorded monitored on a regular basis.
- Kitchenettes on each floor provided tea and coffee making facilities and a range of freely available snacks for people and their relatives.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental and social needs had been assessed before they moved into the service and kept under review. One person told us "When I came here, they asked me what I needed and what I wanted

to happen."

- Referrals had been made to other agencies when required. A visiting health care professional told us they felt that staff had a good understanding of people's nursing needs and that requests for input from them were 'clinically appropriate'.
- People's oral health care needs had been assessed and planned for.
- People's preferences for their personal care were documented and met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's needs had been assessed and planned for, and people's capacity to make decisions had been assessed. Where people had been assessed as lacking capacity to make decisions about where to live, an application for a DoLS had been submitted.
- Documentation confirmed the relevant people had been involved in best interest decision making.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with care, patience and kindness by the staff team. Staff greeted people cheerfully and paid them compliments. Conversations were friendly and appropriate.
- People appeared comfortable with the staff that supported them. One person told us "The staff were very welcoming and caring. Everybody talks to you, everybody is friendly."
- Relatives described staff as very caring. A visiting health care professional told us people and their families had fed back to them they were very impressed with the standard of care and? felt very happy.
- Staff demonstrated a good understanding of people's preferences and diverse needs and respected what was important to them. Staff told us that one person liked to go for daily walks in the garden, another had their own phone, they knew who had a daily newspaper delivered and who liked to sit together at mealtimes and what their food preferences were.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care wherever possible. We observed staff encouraging people to make everyday decisions about their care when they could, such as what they had to eat and where they spent their time.
- People were supported to maintain their appearance; to wear the clothes of their choice and to wear makeup and jewellery if they chose to.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff knocked on people's doors and waited for a response before entering the room. Doors were kept closed while people were supported with personal care and people's clothes were labelled discretely to maintain their dignity.
- People were supported to maintain their independence. Staff made sure people had equipment and adaptations to keep them safe and promote their independence.
- People's care records were kept securely. The language used in daily notes and care plans was respectful and appropriate.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was planned for and centred around their individual needs, choices and preferences. These plans provided clear guidance for staff in the support people needed to meet the identified needs. These were evaluated each month and any changes in people's support needs recorded.
- A 'resident of the day' system was in place which included giving each person the opportunity to speak with staff from all departments and give their views on all aspects of their care and support.
- The service made referrals to external health and social care teams when people's needs changed. A visiting health care professional told us they attended multi-disciplinary meetings at the service at which they discussed people's clinical needs. They confirmed staff contacted them for advice between meetings should people's need change. This helped to mitigate risk and improve outcomes for people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Information, including COVID-19 related guidance, was available to people in a range of formats to meet their assessed needs. Menus were available in written format and illustrated with a picture of the meal. People living with dementia were shown plates of food to choose from at mealtimes to support them to make their own choice.
- Care plans contained information about people's communication needs and whether they needed support to wear spectacles and hearing aids.
- Staff understood how people communicated and used appropriate methods when communicating with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to participate in a range of activities that were meaningful to them. A life-style co-ordinator organised a weekly timetable of activities for people to engage in. One to one time was also planned for those people who chose to stay in their rooms.
- One person told us "There is an activities list. You can choose what you want to do, and no one pushes you into anything. There are some really old movies in black-and-white, there's a crossword and coffee afternoon in the lounge that I've been to. We meet and chat and have a good laugh. We had 'pretend' horse racing last week and the prize was cream cakes. We sometimes sit in the garden; I've got a tan."

- People had completed a survey about activities and had the opportunity to make suggestions. One person told us, "I suggested that they set up a library and they did it. There was also a range of purpose-built facilities, including a cinema room, café and accessible gardens that people could use if they chose."
- People were supported to maintain relationships that were important to them. We observed safe visits being carried out in accordance with current guidance.

#### Improving care quality in response to complaints or concerns

- Complaints were recorded and responded to appropriately. One person told us, "I don't remember being given anything about complaints or anything. I don't need to complain though, it's a wonderful place."

#### End of life care and support

- No one was receiving end of life care.
- People's carer plans contained information about their wishes at the end of their life and preferences for whether they wished to be resuscitated in the event of a cardiac arrest.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The governance systems in place to assess the quality and safety of the service people received and drive improvements were effective. When shortfalls had been identified plans had been developed to drive improvement.
- A clear staff structure was in place. Management and staff understood their individual responsibilities and had access to policies, procedures, contracts and job descriptions. Staff felt supported in their role and told us management were approachable. One staff member commented, "The manager is very supportive. This is the best place I've worked; I'm very impressed."
- Statutory notifications had been submitted by the registered manager in line with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The atmosphere and culture amongst the staff team and within the service was positive. Staff knew people well and people were relaxed in their presence. Staff had access to clear guidance to follow when supporting people.
- People's relatives were kept informed of any change in their loved one's condition. Changes in people's needs were recorded in people's care plans and communicated to staff at daily meetings and staff handovers.
- People and their relatives had been provided with the opportunity to give their views of the service through various channels including customer satisfaction surveys. In response to a recent feedback from people, the WIFI throughout the service had been improved and changes were being made to enhance the mealtime experience.
- The registered manager had forged good working relationships with a range of external health and social care professionals. They worked collaboratively to ensure the best outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities around duty of candour legislation. There had been no specific incidents which required them to act on that duty.

